

JS 44
(Rev. 12/96)

CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

I. (a) PLAINTIFFS

LLOYD F. AUDETTE

DEFENDANTS

UMASS CORRECTIONAL HEALTH, and
DEPARTMENT OF CORRECTIONS, MASSACHUSETTS
DISTRICT OF MASS

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT Westborough
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

Lloyd F. Audette, pro-se
S.B.C.C./P.O. Box 8000
Shirley MA 01462

ATTORNEYS (IF KNOWN)

UNKNOWN

II. BASIS OF JURISDICTION

(PLACE AN "X" IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff
☒ 3 Federal Question (U.S. Government Not a Party)
☐ 2 U.S. Government Defendant
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES

(PLACE AN "X" IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

- | | | | | | |
|---|---------------------------------------|---------------------------------------|---|----------------------------|----------------------------|
| | PTF | DEF | | PTF | DEF |
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. ORIGIN

(PLACE AN "X" IN ONE BOX ONLY)

- ☒ 1 Original Proceeding
☐ 2 Removed from State Court
☐ 3 Remanded from Appellate Court
☐ 4 Reinstated or Reopened
☐ 5 Transferred from another district (specify)
☐ 6 Multidistrict Litigation
☐ 7 Appeal to District Judge from Magistrate Judgment

V. NATURE OF SUIT

(PLACE AN "X" IN ONE BOX ONLY)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 161 Medicare Act <input type="checkbox"/> 162 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 163 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 166 Other Contract <input type="checkbox"/> 165 Contract Product Liability	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury PERSONAL INJURY <input checked="" type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 366 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 680 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1365m) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DWC/DWV (405(g)) <input type="checkbox"/> 864 SSD Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 USC 7608	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc. <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 670 Customer Challenge 12 USC 3410 <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 898 Constitutionality of State Statutes <input type="checkbox"/> 899 Other Statutory Actions
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 448 Other Civil Rights	PRISONER PETITIONS <input type="checkbox"/> 610 Motions to Vacate Sentence HABEAS CORPUS: <input type="checkbox"/> 630 General <input type="checkbox"/> 636 Death Penalty <input type="checkbox"/> 640 Mandamus & Other <input type="checkbox"/> 650 Civil Rights <input checked="" type="checkbox"/> 655 Prison Condition		

VI. CAUSE OF ACTION

(CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY)

American Disabilities Act 42 U.S.C. §§ 12101 et. seq./Sec. 504 Rehabilitation Act/42 U.S.C. 1983/Eighth Amendment/failure of prison medical personnel to properly treat AIDS; Hep C; Zollinger Ellison Syndrome and physical impairment

VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION 10,000,000
☐ UNDER F.R.C.P. 23 or what court orders

CHECK YES only if demanded in complaint
JURY DEMAND: ☒ YES ☐ NO

VIII. RELATED CASE(S) (See instructions): IF ANY

JUDGE XXXXXXXXXX DOCKET NUMBER XXXXXXXXXX

DATE

SIGNATURE OF ATTORNEY OF RECORD

Feb 16, 2005
FOR OFFICE USE ONLY

Lloyd F. Audette pro-se

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

ATTACHMENT 3

FILED

LLOYD F. AUDETTE, plaintiff v.

1. TITLE OF CASE (NAME OF FIRST PARTY ON EACH SIDE ONLY) UMASS Correctional Health and Dept. 2005 FEB 24 10:57
2. CATEGORY IN WHICH THE CASE BELONGS BASED UPON THE NUMBERED NATURE OF SUIT CODE LISTED ON THE CIVIL COVER SHEET. (SEE LOCAL RULE 40.1(A)(1)).

- ✓ I. 160, 410, 470, R.23, REGARDLESS OF NATURE OF SUIT.
- ✓ II. 195, 368, 400, 440, 441-444, 540, 550, 625, 710, 720, 730, 740, 790, 791, 810, 830, 840, 850, 890, 891-894, 895, 950.
- ✓ III. 110, 120, 130, 140, 151, 190, 210, 230, 240, 245, 290, 310, 315, 320, 330, 340, 345, 350, 355, 360, 361, 365, 370, 371, 380, 385, 450, 891.
- ✓ IV. 220, 421, 423, 430, 460, 510, 530, 610, 620, 630, 640, 650, 660, 690, 810, 861-865, 870, 871, 875, 900.
- ✓ V. 150, 152, 153.

U.S. DISTRICT COURT
DISTRICT OF MASS.Please
Assist

3. TITLE AND NUMBER, IF ANY, OF RELATED CASES. (SEE LOCAL RULE 40.1(E)).
None
4. HAS A PRIOR ACTION BETWEEN THE SAME PARTIES AND BASED ON THE SAME CLAIM EVER BEEN FILED IN THIS COURT?
NO
5. DOES THE COMPLAINT IN THIS CASE QUESTION THE CONSTITUTIONALITY OF AN ACT OF CONGRESS AFFECTING THE PUBLIC INTEREST? NO
6. IF SO, IS THE U.S.A. OR AN OFFICER, AGENT OR EMPLOYEE OF THE U.S. A PARTY? (SEE 28 USC 2403) _____
7. IS THIS CASE REQUIRED TO BE HEARD AND DETERMINED BY A DISTRICT COURT OF THREE JUDGES PURSUANT TO TITLE 28 USC 2284? _____
8. DO ALL PARTIES IN THIS ACTION RESIDE IN THE CENTRAL SECTION OF THE DISTRICT OF MASSACHUSETTS (WORCESTER COUNTY) - (SEE LOCAL RULE 40.1(C)). YES ✓ OR IN THE WESTERN SECTION (BERKSHIRE, FRANKLIN, HAMPDEN OR HAMPSHIRE COUNTIES) - (SEE LOCAL RULE 40.1(D)). YES ✓
9. DO ALL OF THE PARTIES RESIDING IN MASSACHUSETTS RESIDE IN THE CENTRAL AND/OR WESTERN SECTIONS OF THE DISTRICT? YES ✓ (a) IF YES, IN WHICH SECTION DOES THE PLAINTIFF RESIDE? multiple offices in Mass.
10. IN WHICH SECTION DO THE ONLY PARTIES RESIDING IN MASSACHUSETTS RESIDE? and Dep. of Correction
11. IF ANY OF THE PARTIES ARE THE UNITED STATES, COMMONWEALTH OF MASSACHUSETTS, OR ANY GOVERNMENTAL AGENCY OF THE U.S.A. OR THE COMMONWEALTH, DO ALL OTHER PARTIES RESIDE IN THE CENTRAL SECTION both OR WESTERN SECTION both

(PLEASE TYPE OR PRINT)
ATTORNEY'S NAME

Lloyd F. Audette pro-se

ADDRESS S.B.C.C. / PO Box 8000, Shirley MA 01464

TELEPHONE NO. none / incarcerated

UNITED STATES OF AMERICA
DISTRICT OF MASSACHUSETTS

FILED
IN CLERKS OFFICE
2005 FEB 24 P 1:58

NO. _____
U.S. DISTRICT COURT
DISTRICT OF MASS

LLOYD F. AUDETTE,
Plaintiff,

v.

05-10403 DPW

UMASS CORRECTIONAL HEALTH,
A Commonwealth Medicine Program,
Defendant, and

VERIFIED
COMPLAINT

DEPARTMENT OF CORRECTIONS,
Kathleen M. Dennehy, Commissioner,
Defendant,

Referred to Ch MJ MB Bah

VERIFIED COMPLAINT
INTRODUCTION
JURISDICTION

1. This is an action to redress the deprivation by the defendants of rights secured by the plaintiff by the Constitution and laws of the United States and Commonwealth of Massachusetts, specifically; The Americans with Disabilities Act Title II of 1990, 42 U.S.C. §§ 12101 et. seq., as amended; Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794; 42 U.S.C. 1983; and the Eighth Amendment of the United States Constitution while defendants were acting under color of state law. Jurisdiction is 28 U.S.C. 1331 and others where Plaintiff is state prisoner seeking relief against medical neglect and malpractice by prison officials acting under color of state law.

2. This complaint seeks immediate injunctive relief, a temporary restraining order, permanent injunctive relief, and monetary damages for pain and suffering, deliberately caused by the defendants, punitive damages and compensatory damages all totalling ten million dollars (\$10,000,000).

PARTIES

3. The Plaintiff, Lloyd F. Audette (Mr. Audette), is a Massachusetts resident presently incarcerated at the Massachusetts Correctional Institution at Shirley (S.B.C.C.), Souza Baronowski Correctional Center, maximum security prison.

4. The Defendant, UMASS CORRECTIONAL HEALTH, A Commonwealth Medicine Program, is the health services provider for the Department of Corrections, Massachusetts whose office is located at "Medical Director", UMASS Correctional Health, One Research Drive-Suite 120C, Westborough, MA 01581.

5. The Defendant, Department of Correction, whose commissioner is Kathleen M. Dennehy, houses and regulates inmates sentenced to the Massachusetts Correctional Institutions and is responsible for enforcing its regulations and ensuring that its employees obey the laws of the Commonwealth of Massachusetts and the United States. The Commissioner's office is located at 50 Maple Street, Suite no. 3, Milford, MA 01757-3698.

FACTS

6. The plaintiff, Mr. Audette suffers from AIDS, Hepatitis C, Zollinger Ellison Syndrome, a poliglandular disorder of the endocrine system, and has had a total of ten (10) orthopedic surgeries where his left foot was reconstructed twice, right ankle reconstructed twice, left knee scoped twice, right wrist reconstructed twice, right hand, flexor tendons reconstructed twice as well as two episodes of internal bleeding which left his stomach lining deteriorated, esophagus and duodenal bulb deformed.

7. Prior to Mr. Audette's incarceration he was being treated by the Greater New Bedford Community Health Center, New Bedford, Massachusetts and was receiving the AIDS cocktail, high doses of stomach medication, for pain Mr. Audette received 75 IEU Fentanyl patches to be overlapped every two days instead of three, (extremely strong doses), 5mg. oxycodone to be taken four times a day to break through the pain and received methadone 80 mg. per day from the methadone clinic to assist in the pain management, Mr. Audette also received anabolic steroid treatment to keep his weight stable, testosterone injections of 1 ml. (200 cc.) every two weeks along with oxandrolone 5 mg. twice per day, he also received four servings of ensure per day, a dietary supplement to gain weight.

8. Mr. Audette wore Rockport walking shoes because of his left foot reconstruction and when he became incarcerated he was wearing a pair of \$130.00 Rocksport by Rockport cross-training walking shoes.

9. Mr. Audette had all the relevant medical files updated and forwarded to the House of Correction where he awaited trial and those records were forwarded to the Massachusetts Department of Corrections verifying all the medications and treatment Mr. Audette was receiving prior to his incarceration.

10. While housed at the Norfolk Correctional Institution after being sentenced, the medical staff there refused all pain medication, treatment for Hepatitis C, Surgery for left knee, dietary suppliment, and testerone and oxandrolone treatment.

11. Mr. Audette filed medical grievances and after waiting more than a year after receiving an MRI of the left knee and filing another grievance was his left knee finally operated on, while he was housed at M.C.I. Shirley/S.B.C.C..

12. After being transferred to Souza Baronowski Correctional Institution, Mr. Audette's Rockport walking shoes were confiscated by staff at Norfolk and contrabanded, and he was also prescribed oxycodone and given the wrong medication for months that caused harm to his liver (percoseqs never prescribed).

13. Mr. Audette filed grievances regarding his numerous health issues and lack of treatment, finally he was seen by the podiatrist who ordered the institution supply him with Rockport walking shoes.

14. The institution refused to supply Mr. Audette with Rockport walking shoes and Mr. Audette filed a medical grievance.

15. Mr. Audette had to file several grievances and wrote letters of complaint to the Commissioner of Correction regarding his lack of treatment for pain, finally after suffering for over one year he now receives 40 mg. of methadose per day for pain.

16. Mr. Audette has lost approximately forty (40) pounds body weight because he is not receiving testosterone and oxandrolone and the medical staff, nurse in charge of infectious disease is and has tried to no avail to have testosterone prescribed for Mr. Audette.

17. Mr. Audette has been seeing the dietician/nutritionist on a bimonthly basis to monitor his rapid, uncontrollable weight loss and she had prescribed a.m. snacks (extra milk, cereal, and a piece of fruit) as well as p.m. snacks along with supplements of resource dietary supplement twice a day and cannot understand why Mr. Audette is continuing to lose weight and

has informed Mr. Audette that she did relay her concerns to the infectious disease nurse and suggest that the institution start testosterone therapy.

18. Mr. Audette is continueing to suffer with great pain in his left foot because the institution is refusing to provide the proper orthopedic footwear although it was ordered by the podiatrist and the pain medication that Mr. Audette is receiving is minimal at best (40 mg. methadose per day-20 mg. in the a.m. and 20 mg. in the p.m.), and not receiving HIV meds on time.

19. The institution and health services department has made Mr. Audette continually file grievances and complaints to receive the minimum care causing him to suffer great emotional distress and pain as well as physical pain and this is and has been an ongoing problem for over two years steady.

20. While Mr. Audette was housed at M.C.I. Norfolk and not receiving any pain medication therapy he was forced to obtain illicit narcotics and was arbitrarily removed to a higher security level when he refused to provide a urine specimen and blood for a toxicology screen.

21. Just before Mr. Audette was reclassified to a higher security level for refusing to provide the security team at Norfolk with

a urine specimen and blood sample the IPS (Interperimeter Security) team leader, Sgt. Fico had the infectious disease nurse at M.C.I. Norfolk force Mr. Audette to provide a urine specimen under threat of being taken off all HIV medications if Mr. Audette refused to provide security with said urine.

22. The urine that Mr. Audette did provide did not show any illegal or illicit narcotic substances in it but Mr. Audette was still sanctioned and moved to a higher security level under the guise of refusing to provide a urine specimen because Mr. Audette is deemed 100% disabled by the Social Security Administration and he continually complained about the lack of medical treatment he was receiving.

DAMAGES

23. As a direct and proximate result of the acts and omissions of the defendants herein described, the plaintiff has suffered injuries, including a deprivation of rights of life and liberty, severe psychological and emotional distress, great physical pain and suffering, loss of approximately one third of his body weight, and other consequential damages and should be compensated with monetary damages, injunctive relief, both in the form of a temporary restraining order, injunction and permanent injunction ordering the defendants to immediately start the plaintiff of anabolic steroid (testosterone and oxandrolone) treatment, adjust plaintiff's pain management

dosage to a higher and more reasonable amount and further order the defendants to immediately provide the plaintiff with the proper footwear at no cost to the plaintiff.

COUNT I

**CLAIM FOR RELIEF UNDER THE AMERICAN DISABILITIES ACT
TITLE II OF 1990, 42 U.S.C. §§ 12101 et. seq.**

The Plaintiff Lloyd F. Audette repeats and reasserts the allegations contained in paragraphs 1 through 23 as though fully set forth herein.

24. In their actions, the defendants acted as officers exercising judicial functions and as health care providers while acting under color of state law when they subjected the plaintiff to suffer due to their intentional and wanton neglect to provide services for a physical impairment in accordance with Title II of the ADA 2.2000; Physical impairment-cosmetic disfigurement; or anatomical loss of specific example included orthopedic, HIV, both symptomatic and asymptomatic and their decision in doing so was arbitrary and capricious with reckless disregard for human life and the suffering they caused.

COUNT II

**CLAIM FOR RELIEF UNDER THE REHABILITATION ACT
of 1973, as amended, 29 U.S.C. 794**

The Plaintiff Lloyd F. Audette repeats and reasserts the

Lloyd F. Audette for compensatory and punitive damages upon the following grounds:

- (a) violation of his right under the American Disabilities Act;
- (b) violation of his rights under Section 504 of the Rehabilitation Act of 1973;
- (c) violation of his right to be free from cruel and unusual punishment under the Eighth Amendment to the Constitution of The United States;
- (d) wanton and reckless disregard to the plaintiff's medical needs and treatment causing the plaintiff to suffer both emotional and physical pain as well as great weight loss and placing the plaintiff in a more serious symptomatic category of AIDS due to their neglect, by also not providing HIV meds.

**CLAIM FOR RELIEF UNDER THE EIGHTH AMENDMENT
OF THE UNITED STATES CONSTITUTION**

The Plaintiff Lloyd F. Audette repeats and reasserts the allegations contained in paragraphs 1 through 26(a) through(d) as though fully set forth herein.

27. The defendants violated the plaintiff's eighth amendment rights when they refused him proper and adequate medical treat-

them from harming the Plaintiff by not providing him with the prescribed footware, and ordering the defendants to provide the Plaintiff with testosterone and oxandrolone treatment to bring his body weight back up.

VI. Award the Plaintiff:

- (a) compensatory damages against Defendants, jointly and severally, in an amount provided at trial for which the Plaintiff is requesting a total of ten million dollars for all damages combined;
- (b) punitive damages against the individual defendants, jointly and severally, in an amount provided at trial;
- (c) costs of any litigation fees, including reasonable attorney fees as provided by 42 U.S.C. § 1983 should the plaintiff retain counsel or in the alternative paralegal fees in the amount of \$35.00 per hour due to the duress and stress it will cause the Plaintiff in his unfit condition of health to pursue this complaint.

VII. Order such other and further relief as the court deems just and appropriate.

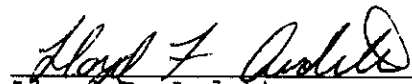
VERIFICATION

I Lloyd F. Audette do hereby verify that I am the Plaintiff in this action and all statements contained herein are true and accurate to the best of my knowledge.

Signed under the penalties of perjury on this 16th day of February 2005.


Lloyd F. Audette

Respectfully submitted,
By the Plaintiff,


Lloyd F. Audette, pro-se
S.B.C.C./P.O. Box 8000
Shirley MA 01464

UNITED STATES OF AMERICA
DISTRICT OF MASSACHUSETTS

NO. _____

LLOYD F. AUDETTE

V.

UMASS CORRECTIONAL HEALTH,
A Commonwealth Medicine Program,
Defendant, and

DEPARTMENT OF CORRECTION,
Kathleen M. Dennehy, Commissioner,
Defendant,

PLAINTIFF'S AFFIDAVIT

The Plaintiff, Lloyd F. Audette does hereby swear and attest that the following statements are true and accurate to the best of my knowledge.

1. I am the plaintiff in this action.
2. While housed at M.C.I. Norfolk a level four security level in Dec. 18, 2004 I was approached by the IPS, (InterPerimeterSecurity) team and was requested to provide a urine.
3. I could not urinate at that time and was placed in a hospital segregation unit, later that night I was transported to the Norwood Hospital where hospital staff demanded I allow them to draw blood for a toxicology screen. I refused.
4. The next day, the Sgt. Ficco of the IPS team came to my segregation hospital cell with the Infectious disease nurse and demanded a urine. The nurse stated if I did not provide on all my HIV medication and treatment would be stopped.
5. None of my requests for pain management or Hepatitis C treatment was acknowledged although a biopsy was done and Hep C treatment ordered by the Lemieux Shattuck Hospital.
6. Ultimately, I was placed in the hole for approximately three months and transferred to a level six security.

7. At Norfolk, I had Rockport walking shoes because of serious orthopedic problems which stem from my falling from a sixty foot roof.
8. My left foot was reconstructed twice and so was my right ankle in 1980 and I suffer from severe arthritis among other orthopedic problems.
9. After I was transferred to Souza Baronowski Correctional Center my Rockport shoes which I paid \$130.00 for were contrabanded.
10. This institution, S.B.C.C. sells Rockport shoes for \$107.00.
11. I was seen by the podiatrist and he ordered that I receive Rockport shoes from the canteen.
12. The institution refuses to accomodate my physical impairment needs.
13. I had to file several grievances over the course of one to one-and-one-half years for medical treatment.
14. I am HIV AIDS symptomatic and had to go without HIV medications on twelve separate occasions.
15. I had to file medical grievances to be placed on pain management medication and suffered for over one year in severe pain not receiving any.
16. When I was placed on pain management medication the doctor ordered oxycodone and I was ultimately given percosets, two tabs, three times per day for six months without that medication ever being prescribed.
17. I cannot take percosets because of the Hep C and liver problems I have and the medical staff was aware that my Hep C was symptomatic in that the viral load was around six million and the ALT and SLT counts were more than double what they were suppose to be.
18. I had to wait over one year for Hep C treatment although it was ordered and I was symptomatic.
19. Prior to my incarceration, I was receiving testosterone injections and oxandrolone(an anabolic steroid) to control my rapid reoccurring weight loss problem from the AIDS.
20. I had all my medical records sent into the Department of Correction to verify my treatment prior to my incarceration.



Inmate Grievance and Appeal Form

Facility: S.B.C.C. *[initials]* Grievance ☒ Date: 7-21-04
 Inmate First Name: Lloyd ID#: 280971 Appeal ☐ Date:
 Inmate Last Name: Audette Date of Birth: 6/31/51 Housing Unit: N1 - 41

Summary of Grievance or Reason for Appeal (Attach Additional Sheets As Necessary)

On several occasions I had complained about my left knee. This is an on going complaint over the course of one year. Approximately 10-12 mo ago X-rays were taken, then an MRI. The results showed arthritis, and multiple debris floating around in the knee. At this facility, two doctors had each separately scheduled a referral to ortho. To date, I have not been seen. This serves as both a grievance and Notice of Intent for Civil Action if this problem is not resolved.

Remedy Requested (Attach Additional Sheets As Necessary)

To be seen by ortho, knee scope and what ever other surgery is necessary, immediately.

Inmate Signature:

Lloyd Audette

Date:

7-21-04

- Completed forms may be filed with the HIS/OPD/MPD by placing the form in the Side Gall Box. For inmates in special housing units, forms may be filed with the Unit Manager.
- Administrative review of the grievance will be conducted by the Director of the Department of Corrections.
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Director of the Department of Corrections
 Commonwealth of Massachusetts
 Department of Corrections
 100 State Street
 Boston, MA 02109



Health Services Unit Use ONLY

Date Received:	7/21/04	Staff Recipient:	<i>[signature]</i>	Routed To:	Brenda C.
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Inmate Grievance and Appeal Form

Facility: Souza Baranowski Correctional Center

Grievance ☐ Date:Inmate First Name: Lloyd ~~XXXX~~ ID#: W80971Appeal ☒ Date: 7-26-04

Filed grievance for lack of treatment and medical neglect. Grievance was not answered or responded to. Left knee was x-rayed and MRI one year ago. Results show arthritis and alot of debris floating around. Referrals to Ortho have been made to no avail. This is official exhaustion of administrative remedy pursuant to G.L.c. 249B4 as well as Notice of Intent to file Civil Action, mailed to court this date for medical neglect, punitive damages and pain and suffering. Failure to provide medical Treatment for a verified problem is outrageous, and should have been dealt with over the past 12 months.

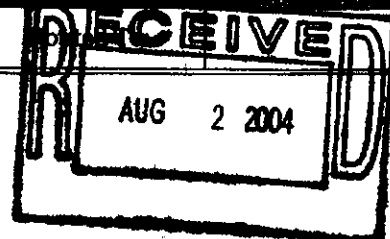
(mailed to Court with Complaint on this date)

Lloyd Ramirez

7-26-04

Date Received:

Staff Recipient:



*did not receive
on this date!!*

To: Lloyd Audette, N-1

From: Charlie Black, Health Service Administrator

Date: July 30, 2004

Re: Grievance 04-82

CSH

I have read your letter concerning your knees. You were seen by the nurse practitioner on 7/8/2004. He wrote an orthopedic consult for you, this consult was recommended to proceed on July 12, 2004. You should be scheduled very shortly.

*Did not receive
on this date*

To: Lloyd Audette, N-1

From: ~~Charlie Black~~, Health Service Administrator *CB*

Date: August 4, 2004

Re: Grievance July 26, 2004

Mr. Audette I responded to your grievance on July 30, 2004. As I told you in the letter you are scheduled for an evaluation by the orthopedic doctor.



Inmate Grievance and Appeal Form

Facility: Souza Barronowski Correctional Facility **Grievance #** **Date:** Oct. 26, 2004

Inmate First Name: Lloyd ID#: W-80971 Appeal ☐ Date:

Inmate Last Name: Audette Date of Birth: 12/31/58 Housing Unit: N1-#41

Summary of Grievance or Reason for Appeal (Attach Additional Sheets As Necessary):

My last grievance was not answered! I receive HIV medication and everytime that I turn in the stickers from the KOP cards the meds are not renewed in a timely manner. There are at least twelve separate occasions where I have gone without any HIV medication for at least one week at a time. **

I also receive pain medication (oxycordone/percoset) for neuropothy and multiple bone injuries(left foot, right ankle, left knee, right wrist etc) The P.A. Mark Nadel who is on the pain clinic is insistant on changing my pain medication to either sleeping pills or psych meds. This is an unacceptable alternative.

I have submitted numerous sick slips regarding the multiple bone injuries and they have not been addressed as though they were (over)

Remedy Requested (Attach Additional Sheets As Necessary):

1. If pain med issue is security issue, then crush pain meds
2. Schedule for MRIs for left foot: right ankle: left knee:
right knee: both hips: left shoulder: lower back: right wrist:
3. Schedule surgeries for all the above mentioned problems or
in the alternative continue pain medication treatment as is.

Inmate Signature:

Date _____

Hayden

Oct. 26, 2004

Completed forms may be filed with the HSA/HDN/VHD or placed in the Sick Call Box. For inmates in special management units, forms may be handed to a uniformed staff member. An inmate may appeal the decision of the HSA/HDN/VHD to the SAC or the Unit Director. An appeal must be filed within 10 working days of the placement of the inmate in the HSA. Appeals of the placement of the inmate in the HSA must be filed with the Unit Director. Appeals of the placement of the inmate in the HSA must be filed with the Unit Director.

An inmate may appeal the decision of the US DOC/AND to the INMCH/INCH Director.

An appeal must be filed within ten (10) working days from the receipt of the decision by the AS.

Subject: Thermodynamics Date: 12/01/2019

...and I will file this appeal directly with the United States Supreme Court, bypassing the Ninth Circuit.

THE 2002 PROFESSIONAL RANKING

STANDARD OPERATING PROC

STUDY DESIGN

Date Received:

Staff Recipient:

Routed To:

OCT 29 2004

3 copies
copy both sidesUMASS CORRECTIONAL HEALTH
SICK CALL REQUEST FORMPrint Name: Lloyd Andette ID#: W 80971Date/Time Nov. 3, 2004 Housing Location: N 1Check **ONLY** One Box: ☒ Medical ☐ Dental ☐ Mental Health

Nature of problem or request: My pain medication was changed from 30 mg of peracet per day to 5 mg of methadone BID. When methadone is used for pain management the recommended dosage is 40mg per day. I was prescribed this treatment on the street along with ~~peracet~~ ^{peracet} per day. I consent to be treated by the healthcare staff for the condition described above.

patches 75 IEL to be overlapped every 48hrs rather than 72hrs with 80 mg oxycodone. ->over.

Inmate Signature Lloyd Andette

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

Date/Time Received

Institution _____

REFERRED TO:

☐ Nurse ☐ Midlevel ☐ Physician☐ Mental Health ☐ Dental ☐ Other _____

Slip Sorted by: _____

Subjective:

Objective: T _____ P _____ R _____ B/P _____

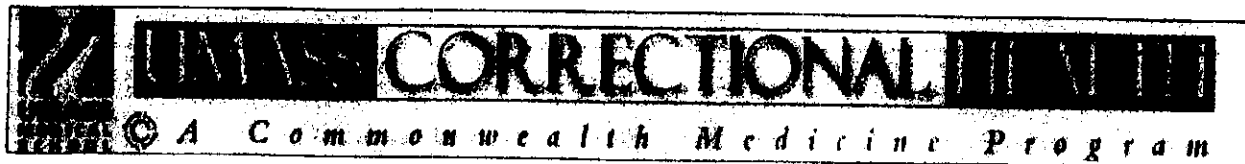
Assessment:

Plan [include inmate education]:

Signature & Title: _____ Date: _____ Time: _____

8022 Rev. 4/01

CC. Commissioner of Correction



3 copies

Inmate Grievance and Appeal Form

Facility: S.B.C.C.

Grievance ☐

Date:

Inmate First Name: Lloyd

ID#: w 80971

Appeal ☒

Date: Nov. 3, 2004

Inmate Last Name: Audette

Date of Birth: 12/31/58

Housing Unit: N-1

Summary of Grievance or Reason for Appeal (Attach Additional Sheets As Necessary):



I filed a grievance regarding pain medication as well as not receiving my HIV medication when renewed. I presently was receiving percosets, ten mg three times a day when oxycodone was ordered not percosets because of the tylenol in it, I am Hep C +. No one knows where the medication screw up stems from. My pain meds were just changed to methadone, 5mg bid which is insufficient. The recommended dosage for pain treatment for this type of medication should be forty mg per day not ten mg per day. I received this type of pain treatment on the street in the past along with fentanyl patches 75 ieu to be overlapped every two days and 20 mg of oxycodone. I also grieved about my HIV medication not being renewed in a timely manner (twelve separate occasions I went for a week at a time with no medication)

Remedy Requested (Attach Additional Sheets As Necessary):

Adjust pain medication to a suitable dosage, schedule MRIs for 1. left foot, 2. right ankle, 3. left and right knees, 4. left shoulder, 5. right wrist, 6. lower back and schedule for surgery consults on all. Schedule appointment for Infectious Disease Clinic at Shattuck Hospital to evaluate any new damage to liver due to receiving wrong medication for six months, Start Hep C treatment immediately. Supply this inmate with complete copy of medical folder.

Inmate Signature:

Date:

Lloyd Audette

Nov 3 2004

Completed forms may be filed with the Warden or placed in the Side Call Box. For information on the grievance process, please contact the Warden or the Grievance Unit. The grievance process is designed to provide a fair and equitable hearing for all inmates. The process is confidential and the information provided will be kept confidential. The process is designed to provide a fair and equitable hearing for all inmates. The process is confidential and the information provided will be kept confidential. The process is designed to provide a fair and equitable hearing for all inmates. The process is confidential and the information provided will be kept confidential.

Date Received:

Staff Recipient:

Routed To:

To: Lloyd audette, N1

From: Charlie Black, Health Service Administrator

Date: November 12, 2004

CB

Re: Grievance, 04-271

You are currently on Methadose which is dissolved in water. You have also been referred by the Nurse Practitioner for physical therapy. The Orthopedic surgeon has not indicated any MRI for you at this time.

*" never received physical therapy
and left knee is again damaged, body
cannot tolerate another surgery! "*

signed Lloyd F Audette



Commonwealth of Massachusetts Board of Registration in Medicine

10 West Street
Boston, Massachusetts 02111

An Agency within the Executive Office of Consumer Affairs and Business Regulation

ALEXANDER F. FLEMING, J.D.
EXECUTIVE DIRECTOR

PENELOPE WELLS, J.D.
GENERAL COUNSEL

COMPLAINT FORM

Please type or print clearly, and provide all of the information requested.

<input type="checkbox"/> Mrs. Your First Name	Last Name	Patient Name (if different)
<input type="checkbox"/> Ms.		
<input checked="" type="checkbox"/> Mr. Lloyd F. Audette		
Street Address		Mailing Address (if different)
S.B.C.C./P.O. Box 8000		
City	State	Zip Code
Shirley, Mass	01464	
Business/Daytime Phone		Home Phone
none		none

Complaint against M.D. XXX, D.O. , Acupuncturist . (For complaints against Chiropractors, Dentists, Nurses, Optometrists, Podiatrists or Psychologists, please contact the Division of Registration at (617)727-7406, or 100 Cambridge St., Boston, MA 02202.) This complaint cannot be processed without the full name of the physician or acupuncturist. Please verify spelling.

Full Name (First & Last) of Physician or Acupuncturist (one name per form) Photocopies are acceptable.		
Dr. <u> </u> /Dept. of Corrections/U.M.A.S.S. doctor		
Address		
Souza Baronowski Correctional Center P.O. Box 8000		
City	State	Zip Code
Shirley	Mass.	01464
Business Phone		
unknown		
Name and Location of Health Care Facility (if known)		
Souza Baronowski Correctional Facility P.O. Box 8000, Shirley MA 01464		

Nature of Complaint

- | | |
|--|--|
| <input checked="" type="checkbox"/> Substandard Medical Care | <input type="checkbox"/> Drug Dealing |
| <input type="checkbox"/> Professional Misconduct | <input type="checkbox"/> Criminal Conviction |
| <input type="checkbox"/> Sexual Misconduct | <input type="checkbox"/> Patient Neglect/Abandonment |
| <input type="checkbox"/> Rude or Discourteous Behavior | <input type="checkbox"/> Unlawful Discrimination |
| <input type="checkbox"/> Impaired by Alcohol or Drugs | <input type="checkbox"/> Billing for Services Not Rendered |
| <input type="checkbox"/> Impaired by Mental or Emotional Illness | <input type="checkbox"/> Failure to Supervise Staff |
| <input type="checkbox"/> Failure to Provide Medical Records | <input type="checkbox"/> False Advertising |
| <input type="checkbox"/> Overcharge for Medical Records | <input type="checkbox"/> Fraud |
- ☐ Other U.M.A.S.S. failure to respond to medical grievances in accordance with their policy

Please do not write below this line.

Describe your complaint here or attach. If you need more space, continue on reverse or on another sheet of paper.

I, Lloyd F. Audette have the AIDS virus, Hepatis C, Zollinger Ellison Syndrome and have had ten orthopedic operations due to injuries. I still suffer from multiple orthopedic problems, i.e. Left foot, right ankle, left knee, right knee, left shoulder, right wrist and lower back.

Due to the AIDS I have acquired severe neuropathy for which

I was receiving 75 i.e.u. fentanyl patches, twenty mg. oxycodone and 85 mg. methadone before my incarceration along with ~~del-~~ itesterol testosterone injections (1 ml every two weeks) and oxandrolone 10 mg. per day, now I am receiving none.

Presently, through the Dept. of Corrections health services, U.M.A.S.S. I was prescribed percocets, two tabs three times per day. When this order was checked it was wrong. The doctor had prescribed oxycodone not percocets because of the Hep C. I received the percocets for six months before they were changed to a nonharmful substitute for my liver.

Now I am prescribed 5 mg. of methadone bid which is insufficient to handle the pain management treatment. I have filed grievances to no avail.

My HIV medication is Sustiva, Videx and Epivere. On twelve seperate occasions after I turned in the stickers to have the medications renewed in accordance with policy, I had to go a week at a time with no HIV medications what so ever.

I have requested that MRIs be scheduled to see what can be done about the orthopedic problems to no avail.

I am systematically being caused to suffer in extreme pain and go with out HIV medication. It is not just one individual responsible for this problem. It stems from the system that is being used for treatment. Now there is a pain clinic in place here who are not qualified in the field. Two of the doctors are psychiatrists and they keep trying to change my pain meds to psych meds.

Dr. Enow did go to bat for me and put a stop to it but he inadvertently prescribed ineffective pain medication.

Attach copies of related documents to this form.

The information in this complaint is true, correct and complete to the best of my knowledge.

Your signature:

Lloyd Audette

Date:

Nov. 3, 2004

Mail this form to:

Consumer Protection Coordinator
Board of Registration in Medicine
Ten West Street, Third Floor
Boston MA 02111

Lloyd F. Audette W-80971
S.B.C.C./P.O. Box 8000
Shirley MA 01464

Office of the Commissioner
Kathleen M. Dennehy
Commissioner of Corrections
50 Maple Street
Suite No. 3
Milford MA 01757-3698

Re: Medical complaint

Dear Kathleen:

Recently, I wrote a letter to you concerning the blatant neglect of my medical treatment. One of the problems was pain management issues. I had explained all the medications that I was receiving on the street prior to my incarceration. These medications were prescribed for neuropathy, a degenerative nerve disorder, as well as multiple orthopedic problems. I also explained that I have had the AIDS virus for approximately twenty years, am Hepatitis C +, suffer from Zollinger Ellison Syndrome and was having a problem receiving my HIV medications when they are renewed.

I was seen by the in house physician here, De Enow. After he reviewed my medical folder he was surprised to find that he had never prescribed the six percosets I was receiving daily. He verified that he did in fact prescribe oxycodone instead. I received percosets for six months. Percosets contain tylenol. Having hepatitis I am unable to tolerate tylenol, it is very harmful to my liver. He changed my medication to 5 mg. of methadone bid (twice daily) which is in fact something that my system can handle. The problem with this is that the recommended dosage for this type of pain treatment is 40 mg. per day, not ten mg. per day. I know this because it was one of the trialed treatments I received on the street and I had to attend a class to understand the effects and side effects of this particular treatment.

I received no response to the recent grievance I filed and have just filed an appeal, in it I explained the new problem as well (ten mg. v. 40 mg.). Again, I don't anticipate a response to the appeal. Please be aware that although it is against my beliefs, I feel that I am being left no alternative but to seek further measures. I regret to have to inform you

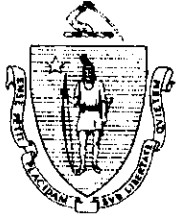
of this because I know that you do in fact address the inmates needs. I apologize in advance for any inconvenience that I may cause your office in the future and am in hopes that it doesn't sway your judgment in addressing any other inmates problems.

Thank you for taking time out of your busy schedule to read my letter.

Nov. 3, 2004

Respectfully,


Lloyd F. Audette



Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

Edward A. Flynn
Secretary

The Commonwealth of Massachusetts
Executive Office of Public Safety
Department of Correction
Health Services Division

P.O. Box 426
Bridgewater, MA 02824
Phone: (508) 279-8612
Fax: (508) 279-8654
www.mass.gov/doc



Kathleen M. Dennehy
Commissioner

James Bender
Acting Deputy Commissioner

December 30, 2004

Lloyd Audette, W80971
Souza Baranowski Correctional Center
Shirley, MA

Dear Mr. Audette:

Your October 2004 and your November 3, 2004 letters to Commissioner Dennehy were referred to me as the Director of Health Services for the Massachusetts Department of Correction. Upon receipt of your letters a nurse administrator on my staff reviewed your medical record and spoke with the contractual medical provider regarding your concerns about pain control, weight loss, HIV medication.

Pain Medication: It has been reported to me that the contractual medical provider team at Souza Baranowski Correctional Center (SBCC) placed you on pain management, which at the time of the report was Methadone. According to the information received, you refused to participate in alternative medication that was offered. (*psych meds offered*)

Weight Loss: At the end of October the contractual dietitian saw you and an evening snack was ordered. You were instructed to submit a sick slip to meet with the dietitian if you felt further evaluation was needed to address your concerns.

Testosterone: Blood work was done to check your testosterone level. Because the result was within normal limits, testosterone injections are not prescribed. It is documented that contractual medical staff informed you of the test result.

never received on this *
HIV Medication Delays: According to the information provided, an emergency supply of HIV medication is maintained and it was reported that you were provided with medication as prescribed while the pharmacy orders were being filled.

A member of my staff is looking into your allegation that you did not receive a response to grievances and an appeal that you submitted.

Sincerely,

[Signature]
Susan J. Martin, Director

CC: Kathleen M. Dennehy, Commissioner



Inmate Grievance and Appeal Form

Facility: S.B.C.C.

Grievance ☒

Date: 2-8-05

Inmate First Name: LLOYD

ID#: W#80971

Appeal ☐

Date:

Inmate Last Name: AUDETTE

Date of Birth: 12/31/58

Housing Unit: N-1

Summary of Grievance or Reason for Appeal (Attach Additional Sheets As Necessary):

I had Rockport walking shoes in my property when I was transferred from MCI Norfolk, they were contrabanded. I had them because of foot problems. Norfolk property refused to send them with my property. Since, I was seen by the podiatrist on 12/20/04, he evaluated my problem and ordered the institution supply me with Rockport walking shoes to be ordered through the canteen free of charge (American Disabilities Act). The case worker of N-1 called medical and was told to have me fill out a property slip for Rockport walking shoes, per order of podiatrist and Charlie Black he then talked to the treasurer and she acknowledged. The case worker talked to property and informed them of the process and then he personally hand delivered the requests slips as ordered.

I received the order form back stating "This order cannot be processed- see Charlie Black"

Remedy Requested (Attach Additional Sheets As Necessary):

This is a documented disability in which certain footwear was ordered by the podiatrist, it is the responsibility of this institution to honor medical orders, not the inmates responsibility to pay for footwear I already had which was confiscated by the institution. Either supply the Rockport Walking shoes or immediately fit inmate for special orthopedic footwear. Charlie Black was not at happy hour to adress inmates needs.

Inmate Signature:

Date:

Feb 8, 2005

- Completed forms may be filed with the HSA/DGN/MHD or placing the form in the Sick Call Box. For inmates in special management units, forms may be handed to counseling HSI staff.
- An inmate may appeal the decision of the HSA/DGN/MHD to the MCH Medical Director.
- An appeal must be filed within ten (10) working days from the date of the decision by the HSA.
- Appeals should be filed with the HSA. For inmates in special management units, forms may be handed to counseling HSI staff.
- An inmate may file the appeal directly with the MCH Medical Director by sending to:
Medical Director
Inmate Correctional Health
One Reformatory Drive - Suite 120C
Westborough, MA 01581

Health Services Unit Use ONLY

Date Received:

Staff Recipient:

Routed To:

note* Placed in personal file for record, will wait ten days, file appeal then file necessary civil complaint

111

UMASS CORRECTIONAL HEALTH
"IN HOUSE" CONSULTATION REQUISITION

SBIC
 Institution:

Name: Audette Lopez ID# W80971 D.O.B.: 12/31/58
 Request Date: 12/20/04

SPECIALTY AREA (circle)

Dental Dietary Optometry Mental Health Urgent
Routine
 On Site Clinics: Orthopedics Podiatry Surgical Other _____

To Be Completed By Referring Physician

Reason for Consultation (present illness and history - include summary of current problems(s) MEDS, x-ray and lab studies, etc.)

Bony prominence
of base of foot
padding

MARK SCHNABEL, NP

Referring Physician:

(Signature & Stamp)

To Be Completed By Consulting Physician

Findings (Problems, Diagnosis) and Recommendations (Therapy, Meds & Studies)

5 ft 10 in 170 lbs Fractured x-ray 12/18/04
at base of foot prominence at base of foot due to fracture
bone spur ingrown toenail hyperplasia
subjective pain at base of foot due to fracture
Recommend shoe with padding at base of foot due to fracture
 Consulting Physician: NP 12/18/05 (Print Name)
MARK SCHNABEL, NP
 Final Diagnosis: bone spur @ base of foot DS

MASS CORRECTIONAL HEALTH

PHYSICIAN'S ORDER

PRESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

NAME Andette, Lloyd ID NUMBER W80971 D.O.B. 12/31/58
INSTITUTION 8662 ALLERGIES 1000000
DATE 11/24/05 TIME 1pm

ORDERS

ROCKPORT WALKING SHOES VIA
Antennae per podiatry

4596-0418-1227 ©2001, Moore North America, Inc. All rights reserved. - 022

SIGNATURE

PRINT NAME

MARK SCHNABEL, NP

Interchange is mandatory unless the prescriber writes the words
"no substitution" in this space:

@

**MASSACHUSETTS DOC PROPERTY
SPECIALTY ORDER FORM**

Specialty sizes not currently carried on the Property Form
Item might not be the same product due to unique size

INMATE NAME: LLOYD F. AUDETTEINMATE ID #: W#80971FACILITY: S.B.C.C./P.O. Box 8000, Shirley MA 01464DATE: January 27, 2005

ITEM #	PRODUCT DESCRIPTION	SIZE	QUANTITY
2	Medical order Rockport Walking	Shoes 8 1/4	one

Property Office Approved: _____
Treasurer Approved: _____

PLEASE FAX TO (800) 325-4086
ALLOW FOUR TO SIX WEEKS FOR DELIVERY

Lloyd F. Audette W#80971
S.B.C.C./P.O. Box 8000
Unit N-1 Cell #41
Shirley MA 01464

Attention:
Property/Canteen Officer
S.B.C.C./P.O. Box 8000
Shirley MA 01464

Re: Medical Order/Rockports

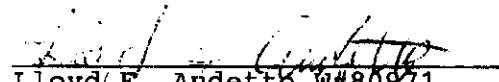
Dear Sir:

Kindly be advised that per order of the podiatrist and Medical Supervisor Charlie Black I am to order one pair of Rockport walking shoes; size 8½ free of charge and the institution will be billed through the treasurer.

I apologize for any inconvenience that this may cause. Thank you for your time and assistance in this matter.

January 27, 2005

Respectfully,


Lloyd F. Audette W#80971

This order can not be processed

see Charlie Black

GA B...

207 - 7

Audette, Lloyd

You have been approved to start hepatitis treatment. I try to work closely with you especially in the first month this seems to be the worse time for side effects. I am here on Mondays and Tuesdays, if you have an immediate issue you need to place a sick slip or contact the nurse in your block.

You will begin your treatment on 1/10/05. I have given you the scheduled labs that are requested during your treatment. The first month there are many labs due to the medications possibly altering your blood counts. A close eye is kept on them and any adjustments that are ~~needed~~ ^{are} made.

We will follow up ~~via teleconference~~ ^{by injection} with the ~~OT~~ docs at LSH after your 12-week HCV viral load comes in. Lab is scheduled for 4/4/05. This lab test will tell the doctors how well the medication is working. If there isn't a significant drop in virus in your blood, treatment may be cancelled until something better is developed. Their research has shown that if the treatment isn't working at the 12-week mark then the chances of it failing is high. So they may chose to discontinue the treatment at that time.

Meanwhile, I have ordered your HCV Rx as I told you. So starting on Monday 1/10/05 you will begin taking 2 Ribavirin Pills in the AM and 2 pills in the PM. You will also get your first injection of Peg Interferon in the afternoon on Monday, then every Monday afternoon after that.

You can get through this treatment. We will work together to get through any side effects you may have.

Here are some helpful interventions for possible side effects you may encounter:

Side Effects	Interventions
Fatigue	Hydration (1/2 body wt. in oz. every day) moderate exercise, conserve energy
Flu like symptoms	Alternate Tylenol & Motrin Tylenol lasts 4 hrs Motrin lasts 8 hrs
Loss of Appetite	Eat multiple small meals Instead of 3 large meals
Depression	Report immediately side effect of medications- can be controlled
Insomnia	Report immediately side effect of medications- can be controlled

Mindy

**UMASS CORRECTIONAL HEALTH
PHYSICIAN'S ORDER**

PRESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

NAME Audette, Lloyd ID NUMBER 680971 D.O.B. 12/31/58
 INSTITUTION SBC ALLERGIES Cedrene
 DATE 1/3/05 TIME 1330

ORDERS

Labs for HCV Rx:

1.17.05 1st week CBC2
1.24.05 2nd week CBC2
2.7.05 4th week CBC2 AIT TSH
3.7.05 2nd month CBC2 AIT TSH
4.4.05 3rd month CBC2 HCV Ural load
5.2.05 4th Month CBC2 AIT TSH
5.30.05 5th Month CBC2
6.27.05 6th Month CBC2 AIT TSH
7.25.05 7th Month CBC2
8.22.05 8th Month CBC2
9.19.05 9th Month CBC2 AIT TSH
10.17.05 10th Month CBC2
11.14.05 11th Month CBC2 AIT TSH
12/12/05 48th week - HCV Ural load - End of Rx.

SIGNATURE

A. ENAW, M.D.

Interchange is mandatory unless the prescriber writes the words
 "no substitution" in this space:

PRINT NAME

Lloyd F. Audette W#80971
S.B.C.C./P.O. Box 8000
Shirley MA 01464

Office of the Commissioner
Kathleen M. Dennehy
Commissioner of Corrections
50 Maple Street
Suite No. 3
Milford MA 01757-3698

Re: Notice of Intent/Medical Complaint

Dear Kathleen:

I submitted complaints to you on both October 2004 and November 3, 2004 regarding various medical complaints. The letters were not answered by you, rather Susan Martin, Health Services Division, Bridgewater MA answered the letters. She stated in her response that the issues were in fact addressed. This is a blatant lie and the problem has and is continueing to escalate.

To date, not only do the same problems exist by now a Lieutenant Sid Johnson who is the kitchen lieutenant refuses to provide me with a 2200 calorie diet with both a.m. and p.m. snacks even though it is ordered and continually being faxed to him. My body weight has dropped by one third its weight since I become housed at this institution.

The podiatrist ordered Rockport walking shoes because I have bone spurs and arthritis in my left foot after having two separate orthopedic operations on it in 1980-1981. The institution refuses to provide this order, both Charlie Black, medical director and the Deputy Superintendent.

I stated to you in my lasr letter, had you taken the time to read it instead of passing it off that I did not want to be left no alternative but civil litigation, unfortunately, you leave me no choise. I have AIDS, Zollinger Ellison Syndrome, Hepatitis C and multiple orthopedic problems all of which are not being address appropriately. I have tried to no avail to resolve this matter through other resources.

I must inform you at this time I am filing in the United States Federal Court, District of Massachusetts a civil complaint requesting ten million dollars and I am also informing the media in which I am including a copy of the law suite to them. The abusive medical treatment is outrageous.

February 17, 2005
cc. file
civil complaint

Respectfully

Lloyd F. Audette

FORM "A"

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
INMATE GRIEVANCE FORM

INMATE'S NAME: Lloyd F. Audette		INMATE'S #: #W80971	DATE: 2-17-05
INSTITUTION: Souza Barronwoski Correctional Center		DATE OF INCIDENT: on going	
INSTRUCTIONS: 1. Refer to 103 CMR 491, Inmate Grievance Policy. 2. Check off a grievance type that best describes your grievance in Block A. 3. In Block B, give a brief and understandable summary of your complaint/issue. 4. List any actions you may have taken to resolve this matter in Block C. Be sure to include the identity of staff members you have contacted. 5. Provide a Requested Remedy in Block D.			
A. Check off one grievance type only (Listed on reverse side). When filing an Emergency Grievance select Emergency and one additional grievance type. <div style="text-align: center;"><u> X </u> EMERGENCY</div>			
B. Give a brief and understandable summary of your complaint/issue. Additional paper may be used, if necessary. I have serious medical issues which require special dietary needs, I have lost 35 lbs. to date. Both the dietician and I.D. nurse Mindy have faxed orders on a continual basis to Lt. Sid Johnson the kitchen LT.. I am to receive a 2200 cal. diet, p.m. snack and a.m. snack. Lt. Sid Johnson refuses to acknowledge the orders and says he is not receiving them. To the contrary, both the nurse and ID nurse have continually faxed the orders on numerous occasions. He is refusing to acknowledge them.			
C. List any action taken to address/resolve this matter. Include the identity of staff members you have contacted. Contacted unit nurse, Roy who relaxed orders numerous times; contacted dietician who faxed orders numerous times; contacted Mindy Brown who faxed orders numerous times as well as called the kitchen			
D. Provide your Requested Remedy. Provide proper dietary treatment; reprimand kitchen lieutenant.			

Inmate's Signature

Lloyd F. Audette

Date: 2-17-05

Staff

Recipient

Date:

**DENIED GRIEVANCES MAY BE APPEALED TO THE REVIEWING AUTHORITY WITHIN 10

cc. file

civil action Federal Court

cc. Commission of Correction

UMASS CORRECTIONAL HEALTH

PHYSICIAN'S ORDER

PRESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

NAME Dudette, David ID NUMBER 0280971 D.O.B. 10/31/58
INSTITUTION SPCC ALLERGIES Cediline
DATE 2/14/05 TIME 1:50 PM

ORDERS

Rx PR snack x 30 days

Rx Rescue + Bar BID x 30 days keep
Emergency Contact (FEE mg)

ATZ warn

SIGNATURE _____

Interchange is mandatory unless the prescriber writes the words
"no substitution" in this space:

PRINT NAME _____